

3. Information about the Minor's Doctor.

Minor's Current Doctor (Name): _____

Doctor's Address: _____

Doctor's Telephone Number: _____

4. Information about the Minor's physical and mental health.

A. Date the Minor was last seen by a doctor: _____

B. Changes in Minor's health. Have there been any major changes in the Minor's physical and/or mental condition in the last year? If so, please describe the change. _____

C. Attach a copy of the doctor's report about the Minor's current physical and mental condition.

5. Information about the Minor's Education.

a. Name of School District: _____

b. Name/Address of School: _____

c. Last Grade Completed: _____

d. Describe Minor's School Experience (grades, relationships, behavior): _____

6. Information about the Guardianship.

Number of times the Guardian has seen the Minor in the last 12 months: _____

Date of the last visit: _____

The Guardian's opinion about whether the guardianship should continue: (Explain.)

7. Information about the person responsible for managing the Minor's assets:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number(s): _____

Case No. _____

8. **Information about State, County or Federal Agency Services:** Does the Minor receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Minor. _____

9. DATED: _____

Print Guardian's Name

Signature of Guardian

10. **AFFIDAVIT OF MAILING:** Under penalty of perjury, I state to the Court that I have mailed or will mail this **Annual Report of Guardian** to the following people at the following address(es) on this date:

(Month/Day/Year)

- Name: _____

Address: _____

City State, Zip Code: _____

- Name: _____

Address: _____

City State, Zip Code: _____

- Name: _____

Address: _____

City State, Zip Code: _____

- Name: _____

Address: _____

City State, Zip Code: _____

Signature of Person Mailing Document